

# Modernizing the American Medical School and its Architecture

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Rockefeller Archive Center Research Reports Online is a periodic publication of the Rockefeller Archive Center. Edited by Ken Rose and Erwin Levold. Research Reports Online is intended to foster the network of scholarship in the history of philanthropy and to highlight the diverse range of materials and subjects covered in the collections at the Rockefeller Archive Center. The reports are drawn from essays submitted by researchers who have visited the Archive Center, many of whom have received grants from the Archive Center to support their research.

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A revolution occurred in American medical education at the end of the nineteenth century. Practically overnight the country's medical school facilities became obsolete, and medical colleges constructed new buildings to support the modern curriculum. My dissertation, "Modernizing the American Medical School, 1893-1940: Architecture, Pedagogy, Professionalization, and Philanthropy," provides the first comprehensive examination of the medical schools erected during this transition. Establishing four medical school building types, the dissertation understands these designs as active participants in a number of cultural dialogues. The General Education Board, established by John D. Rockefeller Sr. in 1903, served as a driving force in the rebuilding of American medical school facilities by offering direct financial assistance to many construction campaigns. The Rockefeller Archive Center contains significant resources related to the architecture of the buildings and the decisions that surrounded their design and construction.

The transformation of the medical curriculum at the end of the nineteenth century initiated the collapse of American proprietary schools. Commercial enterprises supported by student fees with net earnings going directly to the professors, proprietary schools gave their pupils a series of lectures and oral examinations with little-to-no opportunity for laboratory or practical clinical work. The transition away from this model began after the Civil War when wealthy young American physicians flocked to Germany to experience that country's new laboratory approach and superior clinical practice within the invigorating university setting. An influential subgroup of these travelers returned to the United States determined to transform American medical education, and a small cadre of schools began to put the itinerant scholars' ideas into practice. The full expression of the new medical program opened in 1893 with the Johns Hopkins Medical School. This university-affiliated professional school provided two years of education in the basic sciences with significant laboratory instruction followed by two years of clinical training. To survive in the coming decades, schools had to move toward this new standard, an act that required new buildings to provide the necessary laboratory and clinical experiences.<sup>1</sup>

These large and technologically advanced facilities far exceeded the meager resources of most medical schools at the turn of the twentieth century.<sup>2</sup> John D. Rockefeller Sr. contributed to Harvard Medical School (HMS), one of the leaders of the medical transformation. In the winter of 1902, he personally gave one million dollars to the HMS campaign for an entirely new medical school complex in the Longwood area of Boston, the same buildings that form the centerpiece of the HMS campus today. In 1903, Rockefeller founded the General Education

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<sup>1</sup> Kenneth M. Ludmerer, *Learning to Heal: The Development of American Medical Education* (New York: Basic Books, 1985), 11-15, 30-33, 57-58, 139.

<sup>2</sup> For a general discussion of the burgeoning cost and limited resources of medical schools in this time period, see *ibid.*, 140-46.

Board (GEB). In the succeeding decades, the GEB would become the dominant philanthropic enterprise in early-twentieth-century American medical education. It contributed over \$94 million to American medical schools by the time of the organization's termination in 1960.<sup>3</sup> The GEB closely monitored how its money was used.<sup>4</sup> As a result, the archives of the GEB contain extensive correspondence about the building programs that it helped to fund.

Abraham Flexner stood at the center of the GEB medical education effort. In 1910 Flexner rose to national prominence as the author of a report on the status of American and Canadian medical education produced for the Carnegie Foundation for the Advancement of Teaching (CFAT). The so-called Flexner Report served to codify the medical reforms already underway and to galvanize the reform movement.<sup>5</sup> After his project for the CFAT, Flexner joined the General Education Board, where – in addition to his role as trustee – he served at various points between 1913 and 1928 as assistant secretary, secretary, and divisional officer responsible for medical education.

Having visited every medical school in the country to complete his report and recognized as an expert in medical education, Flexner remained in constant touch with medical educators around the country as they continued to exchange ideas.<sup>6</sup> Moreover, Flexner, along with other members of the GEB staff, devoted himself to ensuring that the organization's philanthropic efforts represented sound investments in part by remaining in close contact with potential, current, and past recipients of GEB aid. These discussions at times focused on the design and

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<sup>3</sup> Statistic from Raymond B. Fosdick, *Adventure in Giving: The Story of the General Education Board. A Foundation Established by John D. Rockefeller*, based on an unfinished manuscript prepared by the late Henry F. Pringle and Katharine Douglas Pringle (New York: Harper and Row, 1961), 172.

<sup>4</sup> For a summary of the GEB's role in early-twentieth-century American medical education and an outline of its form of "scientific philanthropy," see Ludmerer, *Learning to Heal*, 191-97.

<sup>5</sup> Ludmerer describes the response to the Flexner Report and its role in the efforts to transform medical education. See *Ibid.*, 180-81. In 315n66, Ludmerer lists the numerous scholars who promoted the idea that the Flexner Report encouraged medical reforms already underway.

<sup>6</sup> *Ibid.*, 187-88.

construction of medical school buildings. Advice from Flexner and Wallace Buttrick, who in his long tenure as GEB trustee served variously as GEB president, as well as secretary and executive officer, ranged from very specific recommendations, such as appropriate building budgets for architects,<sup>7</sup> to more general ideas, such as which medical education facilities provided useful comparisons for a given project.<sup>8</sup> These papers reveal the architectural topics discussed by the GEB administrators with the respective institutions, what outside experts were drawn into the conversation, and what advice was repeatedly promoted by the GEB.

The GEB's long relationships with the schools it aided generated extraordinary documentation for the architectural historian. Early correspondence with the medical school often outlines the intended buildings, while later reports detail what was actually built and how well these spaces supported their expected outcomes. In addition, the early descriptions in particular contain many of the details, such as which building materials were considered,<sup>9</sup> that can be hard to discover.

Finally, a contextual approach to the architecture of medical schools requires a broad understanding of the institutions that requested and that provided funding. With regard to the former, the medical schools' applications for assistance strove, appropriately, to distinguish each college from its peers. As a result, these documents make clear the unique elements of the respective medical schools. While certainly hagiographic, these papers clarify the educational initiatives and the priorities of the various institutions. With regard to the latter, some schools received aid from the GEB, the Rockefeller Foundation, and the Carnegie Corporation.

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<sup>7</sup> Flexner to Kirkland, 26 January 1920, folder 1407, box 152, series 1, General Education Board Archives, Rockefeller Archive Center (hereafter RAC).

<sup>8</sup> Flexner to Kirkland, 22 November 1920, folder 1407, box 152, series 1, General Education Board Archives, RAC.

<sup>9</sup> Smith to Kirkland, 27 October 1920, folder 1407, box 152, series 1, General Education Board Archives, RAC.

Correspondence between these philanthropic organizations explains which philanthropy—and which administrator—initiated or spearheaded the logistics of the jointly funded projects.

While the Rockefeller Archive Center does contain photographs, and less frequently plans, of some medical school facilities, the Center's resources for the architectural historian go far beyond these documents. The letters and reports of the GEB officials detail the intentions, decisions, and outcomes related to the massive medical education complexes that its money made possible in the early twentieth century.